

**State of Indiana**  
**FEMA-1997-DR-IN**

**Applicant Name:** \_\_\_\_\_

Private Non-Profit organization documentation requirements:

- ☐ Tax Exemption Certificate from the IRS (501C), or satisfactory evidence from the State that they are a non-profit organization doing business under State Law.
- ☐ The organization's by-laws and/or charter.
- ☐ A full copy of their insurance policy.
- ☐ Fully filled out PNP Questionnaire (attached).
- ☐ Leased Facilities: Proof of Responsibility for repair of disaster damaged facilities.
- ☐ Schools or Educational Facility: Accreditation or Certification and Curriculum.
- ☐ Completed PNP Facility Questionnaire (see below)

**FEMA will not schedule a Kick-Off Meeting until the correct documentation is provided.**

## FEDERAL EMERGENCY MANAGEMENT AGENCY

## PNP FACILITY QUESTIONNAIRE

Please answer all of the following questions and return this questionnaire with proof of private non profit (PNP) status to the FEMA/State Disaster Field Office. Your application for Federal disaster assistance will not be considered if these documents are not submitted by the prescribed deadline. If your organization has more than one facility that incurred damage, list each facility separately and provide the required information for each facility. Use separate sheets of paper if necessary.

Name of PNP Organization: \_\_\_\_\_

Title 44 CFR, part 206.221 (e) defines a Private Non Profit facility as: "...any private nonprofit educational, utility, emergency, medical, custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations. "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.

Of the above, what best describes your organization? \_\_\_\_\_

Please provide copies of the following:

Tax Exemption Certificate \_\_\_\_\_

Organization Charter or By Laws \_\_\_\_\_

Current Literature describing your Organization \_\_\_\_\_

If your organization is a school or educational facility, please provide information on:

Accreditation or Certification \_\_\_\_\_

Curriculum \_\_\_\_\_

Name of the damaged facility and location: \_\_\_\_\_

What is the primary purpose of the damaged facility? \_\_\_\_\_

Who may use this facility? \_\_\_\_\_

What fee, if any, is charged for the use of the facility? \_\_\_\_\_

Was the facility in use at the time of the disaster? ☐ Yes ☐ No

Did the facility sustain damage as a direct result of the disaster? ☐ Yes ☐ No

What type of assistance is being requested? \_\_\_\_\_

Does the PNP organization own the facility? ☐ Yes ☐ No

If "Yes", obtain proof of ownership; check here if attached. ☐

If "No", do they lease / rent the facility? ☐ Yes ☐ No

If "Yes", obtain a copy of the lease or rental agreement for the damaged facility, check here if attached. ☐

Are the repairs of this facility the legal responsibility of the organization? ☐ Yes ☐ No

Is the facility insured? ☐ Yes ☐ No

If "Yes", obtain a copy of the insurance policy; check here if attached. ☐

Additional information or comments: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Phone number \_\_\_\_\_

FEMA Form 90-121

FEDERAL EMERGENCY MANAGEMENT AGENCY